MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

Policy Subject: Incident Report	
Policy Number: STP 03	Standards/Statutes: ARM 37.27.130
Effective Date: 01/01/02	Page 1 of 2

PURPOSE:

To monitor all injuries and accidents, and to promote the safety of the employees and the patients through possible corrective action following an accident or injury.

POLICY:

Any accident or injury involving a patient or employee injury is reported in a written format within 24 hours to management on an Incident Report Form.

PROCEDURE:

- I. Immediately following an accident or injury, the staff directly involved in the incident shall initiate an Incident Report Form. Incident Report Forms are completed by staff, never by a patient. If a patient reports an injury or accident to a staff member, it is that staff member that should initiate the Incident Report Form. The Incident Report Form must be completed accurately and in its entirety. The form must include the following items of information:
 - A. The name(s) of individual(s) involved in the incident.
- II. Status of individual(s) involved in incident, e.g. patient, employee, visitor.
- III. Date, time, and location of incident.
- IV. In the section labeled Description of Incident, a concise and accurate description of incident, including the general brief description of the injury and if any, the names of any witnesses.
- V. Title and signature of person initiating the report.
 - 1. The Incident Report Form is then given to the medical/nursing staff so that they can complete the Professional Nurse/Physician's Report section of the form. The licensed professional will document in this section the medical condition of the patient as it

relates to the incident and/or injury and any treatment given to the patient.

- 2. The report is given to the nursing supervisor within 24 hours of the incident.
- 3. The nursing supervisor will review the incident.
- 4. The nursing supervisor will investigate the incident and documented the findings in the Supervisor's Investigation section of the Incident Report Form.
- 5. Corrective action will be taken as deemed necessary by the nursing supervisor, management, the safety committee, and/or the medical director.
- 6. The safety committee reviews all incident reports on a quarterly basis.

Revisions:			
Prepared By:_	Colleen Todorovich, RN Name	Nursing Supervisor Title	6-18-01 Date
Approved By:			01/01/02
David J. Peshek, Administrator			Date